

Employment Application



Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview: (Month/Day/Year)

Applicant Data

How were you referred to us:

Position Applied for:

Full Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Mobile/Pager/Other: _____

Date Available to Start: _____

Email: _____

Under 18 years of age? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Shift Availability:

Lunch
10:30am-5pm

Dinner
4:45pm-close

M	<input type="checkbox"/>
T	<input type="checkbox"/>
W	<input type="checkbox"/>
Th	<input type="checkbox"/>
F	<input type="checkbox"/>
Sat	<input type="checkbox"/>
Sun	<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Total shifts desired per week: _____

Summarize your Special Skills or Qualifications:

Have you ever pleaded guilty, no contest, or been convicted of a crime? Yes No If yes, give details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Previous Employment (begin with most recent position)

Dates of Employment: From: ___/___/___ To: ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From: ___/___/___ To: ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From: ___/___/___ To: ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

Interviewer notes:
